

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	SHIELDED DOME RESONATOR FOR MR SCANNING OF A CEREBRUM																						
Application Number : Date : First Named Applicant: James S. Tropp Attorney Docket Number: GEMS 0200 PA																							
<b>TOTAL FEE AUTHORIZED \$ 910</b>																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
<b>BASIC FILING FEE</b>																							
<table border="1"><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 750</td></tr></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	750	750	Subtotal For Basic Filing Fees: \$ 750										
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<b>EXTRA CLAIM FEES</b>																							
<table border="1"><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Total Claims : 22</td><td>2</td><td>1202</td><td>18</td><td>36</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>1201</td><td>84</td><td>84</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 120</td></tr></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 22	2	1202	18	36	Independent Claims : 4	1	1201	84	84	Subtotal For Extra Claims Fees: \$ 120			
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<b>ASSIGNMENT FEES</b>																							
<table border="1"><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="4">Subtotal For Additional Fees: \$40</td></tr></table>					Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40	Subtotal For Additional Fees: \$40						
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Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40																		
Subtotal For Additional Fees: \$40																							
<b>AUTHORIZED BILLING INFORMATION</b>																							
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																							
Deposit account number:	070845																						
Access Code	*****																						
Deposit name:	GE Medical Systems																						
Deposit authorized name:	Jeffrey J. Chapp																						
Signature:	Jeffrey J. Chapp																						

Date (YYYYMMDD):

2003-09-12

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).